

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/570229

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
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47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.		1		1		
TOTAL DEP.		8		8		
TOTAL CLAIMS		9		9		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						